Ohio Department of Job and Family Services

ASYLEE SURVEY

For Individuals Who Were Granted Asylum Status On or After October 1, 2003

Ohio wants to get the most federal funding to help refugees and asylees. If you are an asylee who lives in Ohio, please help us by completing this survey form. This information can help us receive additional federal funding to provide services to refugees and asylees in Ohio.

DATE U.S. ASYLUM STATUS GRANTED (MM/DD/YR) _____/_____/_____ COUNTRY OF ORIGIN _____

CURRENT RESIDENCE: CITY _____ COUNTY _____ STATE _____ ZIP CODE _____

LIST ALL FAMILY MEMBERS WITH AN ASYLUM OR REFUGEE STATUS WHO LIVE IN OHIO:

P L E A S E Last Name	**P R I N T** First Name	**C L E A R L Y** Alien Number (8 or 9 digits)	Social Security Number	Date of Birth (mm/dd/yr)
		A	- -	/ /
		A	- -	/ /
		A	- -	/ /
		A	- -	/ /
		A	- -	/ /
		A	- -	/ /
		A	- -	/ /

I authorize the release of information on this survey form to the Ohio Department of Job and Family Services to assist in securing additional funding for refugees, asylees, and Cuban/Haitian Entrants in Ohio.

_____ _____ _____ _____

Asylee Signature Date Witness Signature Date

Name of organization submitting this form: _____ Phone No. _____

Please mail or fax the completed survey to: Ohio Refugee Services Program, P.O. Box 182709, Columbus, OH 43218-2709
Fax: (614) 728-0761
Call (614) 466-4815 if you have any questions about this form or services available to asylees in Ohio.